NORTHEAST FLORIDA HEALTHCARE COALITION

Executive Board Meeting

St. Johns County EOC

100 EOC Drive, St. Augustine

1:30pm

August 16, 2017

AGENDA

I. Call to Order

- Validation of voting members present [accept designees, if required]
- Introductions
- *Approval of minutes from 7/19/17 meeting

II. Financial

- *Budget report
- Expenditure Requests
- Management and Administration update

III. Business

- *Approval of General Membership Requests – via forms
- *Region 3 HCC Alliance draft Bylaw adoption
- Review of 2017-18 Project Application
- 2017-18 Exercise Requirements & Schedule
- Hurricane Matthew Project Work Plan update

V. Other Topics

- Board Members Reports
- State Task Force Update

Next Meeting Date: September 20, 2017

Conference Call Line: 1-888-670-3525 **Code: 1130084513**

Executive Board Meeting
July 19, 2017
Meeting Notes

The Executive Board of the Northeast Florida Healthcare Coalition met on Wednesday, July 19, 2017, at 1:30 p.m. at the St. Johns County Emergency Operations Center, 100 EOC Drive, St. Augustine, Florida.

CALL TO ORDER

The meeting was called to order by Chair Rich Ward with a validation of a quorum, with the following Board members present:

Baker County – Seiglinde Campbell (via phone)
Duval County – Richard Ward (via phone)
Flagler County - Mary Lachendro
Nassau County- Michael Godwin
St. Johns County – Tim Connor
Emergency Management – Jeff Alexander, Vice Chair
EMS – Robert Butler
Hospitals – Rich Ward, Chair

Absent:
Clay County – Leigh Wilsey
Public Health – Dr. Kelli Wells

For others in attendance, please see attached sign in sheet.

Introductions
The Chair called for introductions.

Installation of New Officers
Ms. Payne announced to the Board that Rich Ward now assumes the role of Chair. An award to the past chair, Leigh Wilsey, will be presented in August.

Approval of Minutes
The minutes from the June 21, 2017 meeting were made available online and provided at the start of the meeting.

The Chair called for a motion for approval of the June 21, 2017 meeting minutes. Michael Godwin moved approval; Jeff Alexander seconded. Motion carried.

FINANCIAL

Budget Report

In the absence of a Treasurer, Chair Rich Ward presented the finance report through the month of June 2017. This represents a close out of the 2016-17 Fiscal Year. There is a remaining balance of an estimated $45,000.

With no questions, *Mike Godwin moved for acceptance of the June 2017 budget report, Robert Butler seconded. Motion carried.*

Expenditure Requests

Ms. Payne discussed two items with the Board regarding future expenditures and funding.

1. The current Memorandum of Agreement between the Northeast Florida Regional Council and the Northeast Florida Healthcare Coalition lays out the duties of the administrative agent (NEFRC) and budget allocations to each of the four funds: Administrative, Operations, Deliverables and Projects. Currently, there is a renewal contract in place for the Coalition for the 1st quarter of 2017-18 year, in anticipation of the new contract under the Alliance beginning October 1st. The new contract will come with a different structure and funding amount, which will cause for a major revision to the MOA. Ms. Payne is bringing this to the attention of the Board for their consideration. The MOA is effective until 12/31/17.

Vice Chair, Jeff Alexander made a motion to continue operating under the current MOA with the Northeast Florida Regional Council until the change in contract and new negotiations with the NEFRC are needed. Mike Godwin seconded. The motion carried.

Discussion continued on the type of contract changes that may be needed, including the potential for the contract to be written from NEFRC (the new contract recipient) directly to the NEFLHCC, as the Coalition has now become a 501C3.

A motion was made by Vice Chair Alexander to allow the officers of the Board to begin discussions with the NEFRC on contracting options for the new funding in the coming months. Tim Connor seconded. Motion carried.

Ms. Payne indicated she would schedule a meeting as requested.

2. 2016-17 Funds

As discussed in the Budget report, there is an estimated $45,000 of unspent funds from the 2016-17 Fiscal Year. Last year, the Board voted to allocate this money for the Project Fund. Discussion took place by the Board on how to use these funds. There was discussion on the work being done to form the Alliance and costs associated with that effort.

A motion was made by Vice Chair Alexander to allocate the $40,000 of the unspent funds to the project fund and $5,000 towards administrative work to support the formation of the Region 3 Healthcare Coalition Alliance. Tim Connor seconded. The motion carried.

Management and Administration Update

Ms. Payne provided an update on the Coalition funded projects. Nearly all have been closed out and are in the process of being paid. St. Johns County DOH is sending the remaining paperwork needed. This project should be paid in the next 30 days. UF Health is in the purchasing process and close out will take a bit longer – potentially 45 days.

Ms. Payne informed the Board that the NEFLHCC received notice from the IRS that their 501C3 Status has been approved.

BUSINESS

*Election of Officers

One nomination was received for Secretary/Treasurer, Mike Godwin, the Nassau County Board Representative. Mr. Godwin accepted the nomination.

A motion was made to close the nominations by Vice Chair Alexander and to elect Mike Godwin to the office of Secretary Treasurer. Robert Butler seconded. Motion carried.

Approval of General Membership Requests

As required by the bylaws, the Board must approve all membership requests. Since the last meeting, the membership request process has been changed to use of the online membership form. Recruitment is ongoing through efforts of the marketing group hired by the Coalition. Ms. Payne provided a copy of the member list from the last 30 days for approval – 99 member applications have been submitted. A pie chart provided shows a breakdown of these members by type. Outreach efforts have been successful in targeting healthcare facilities not currently represented – 23% of those signed up are long term care/skilled nursing facilities and 14% are Assisted Living Facilities.

A motion was made by Vice Chair Alexander and seconded by Tim Connor to approve the membership list as presented. Motion carried.

Region 3 HCC Alliance Draft Bylaw Review

Vice Chair Alexander provided an overview of the Alliance structure, including the need for bylaws and the explanation regarding the adoption of the bylaws by each Coalition. Ms. Payne provided a brief summary of the timeline of events needed to be accomplished by each Coaliton in order to form the Alliance, allocate funding and have contracts in place by October 1, 2017.

A section by section discussion of the bylaws was led by Vice Chair Alexander, pointing out changes to be made. Ms. Payne provided input on the changes she had received from others, to date. Key recommended changes include:

- Changes to the Meeting section which provide for a timeframe (30 days) to hold the funding allocation meeting.
- Further clarification on the quorum requirements and the issue of ensuring that one single Coalition cannot have a majority vote at any meeting.

- Attendance requirements were strengthened, ensuring that a single Coalition does not miss more than 2 consecutive meetings.
- Additional time was recommended (45 days instead of 15) for notice of proposed amendments to the bylaws.
- A change to the mediation portion of the bylaws, to recommend that to resolve conflict the mediator present their recommendation to the Alliance Board for final approval.

These changes will be integrated into a version of the bylaws that reflects the recommendations of the Northeast Florida Healthcare Coalition. This version will be taken to the August 4 Alliance meeting, where recommendations by all three Coalitions will be discussed and integrated into a Final Draft of the Alliance Bylaws. The final draft will then be adopted by the three Coalitions at their August Board Meetings.

Hurricane Matthew Project Workplan Update

Ms. Payne provided the monthly report from Bayshore Marketing Group on highlights over the last month, including membership numbers. Additionally, copies of the new brochure were provided to everyone. All were pleased with how they turned out.

Ms. Payne gave an update on the August 23 Training Summit. Registration is closed because classes are full. Currently, travel arrangements are being made for the out of town speakers. Ms. Payne is meeting with the event planner next week at UNF to determine logistical needs for the day.
If Board Members are interested in attending, please contact Ms. Payne as the online registration is closed.

There was discussion on the videotaping the Active Assailant presentation to be used on the website and for training purposes. Ms. Payne will look into this.

OTHER TOPICS

Board Member Reports

Please reach out to Wes Marsh if you or your facility is having difficulty with Florida Health Stat. He is helping with technical assistance in the region.

State Task Force Update

The next State Taskforce Meeting is September 12 and 13 in Viera. Rich Ward and Beth Payne will be attending. During this meeting there will be discussion on the use of the Med Surge Tool, which impacts hospitals. There will be a webinar available and Ms. Payne will forward that information so hospital representatives will join and get a better understanding of this requirement of the Coalition's.

With no additional business, the meeting adjourned at 2:30.

Northeast Florida Health Care Coalition
Financial Report
As of July 2017

FY 17/18 1ST QUARTER	Budget	July 2017	Project To Date	% of Budget Spent	Funds Available
Revenues					
State Contract	$ 59,627.00	$ -	$ 3,142.33	5%	$ 56,484.67
Revenues	$ 59,627.00	$ -	$ 3,142.33	5%	$ 56,484.67
Expenses					
Staffing Cost	$ 54,122.00	$ 3,117.38	$ 3,117.38	6%	$ 51,004.62
Telephone	$ -	$ 24.95	$ 24.95	0%	$ (24.95)
Miscellanous	$ 5,505.00	$ -	$ -	0%	$ 5,505.00
Expenses	$ 59,627.00	$ 3,142.33	$ 3,142.33	5%	$ 56,484.67

PROJECTS	Budget	July 2017	Project To Date	% of Budget Spent	Funds Available
Revenues					
State Contract	$ 241,668.88	$ 68,427.17	$ 146,855.24	61%	$ 94,813.64
Revenues	$ 241,668.88	$ 68,427.17	$ 146,855.24	61%	$ 94,813.64
Expenses					
Contractual Services	$ 241,668.88	$ 68,427.17	$ 146,855.24	61%	$ 94,813.64
Expenses	$ 241,668.88	$ 68,427.17	$ 146,855.24	61%	$ 94,813.64

HCC Project Funds

Agency	Project Amount	Payments Made	Balance	Encumbered	Balance After Encumbered
Nassau DOH	24,000.00	22,406.66	1,593.34	-	1,593.34
St. Johns DOH	22,000.00	21,782.60	217.40	-	217.40
St. Vincent	30,375.00	29,425.00	950.00	-	950.00
UF Health	10,000.00	-	10,000.00	-	10,000.00
Baptist Health	3,400.00	3,143.19	256.81	-	256.81
FCDC	56,000.00	55,598.79	401.21	-	401.21
Hurricane Matthew Implementation Projects	50,000.00	11,185.98	38,814.02	32,461.75	6,352.27
Alliance	5,000.00	3,313.02	1,686.98	-	1,686.98
Unallocated	40,893.88	-	40,893.88	-	40,893.88
Total	241,668.88	146,855.24	94,813.64	32,461.75	62,351.89

Encumbered For Hurricane Matthew Implementation Projects :	
Bayshore	20,500.00
Sheri Fink	3,500.00
Risk & Security	650.00
EREC	2,545.00
UNF	5,266.75
Total	32,461.75

Membership Requests since July 19, 2017 Board Meeting

For Approval

Robert	Butler	Emergency Preparedness Coordinator / Communications Manager	St. Vincent's Ambulance Service
Kevin	Kotsis	EMS Coordinator	St. Vincent's Medical Center - Jacksonville
Kimberly	Devine	Facility Administrator	Palm Coast Dialysis
D'Archa	Bennett	Owner/Administrator	Skyes The Limit
Kimberly	Brooker	Administrator	Parkside Surgery Center
Noreen	Nickola-Williams	Office of Public Health Practice & Policy Director	FDOH – St Johns County
Charlotte	Temple	V P Advocacy	The Arc Jacksonville
Jericho	Confiado	Center Director	NxStage Kidney Care Jacksonville
Quintin	Jones	EM Planner	FDEM
Stephanie	Bellamy	Owner/Administrator	Stephanie's Love &Care Facility llc
William (Bill)	Tippins	Director of Operations	Moosehaven
Joseph	Cipriani	Health and Safety Specialist	Mayo Clinic
Cindy	Dixon	Director	Add to Life Adult Daycare Center Inc
Rich	Ward	Safety and Security Director	Orange Park Medical Center
Dave	Chapman	Safety Officer	St. Vincents Medical Center - Southside
Kathy	Edwards	Administrator	Doctor Choice Home Health
Lori	Tipton	QAPI Manager/Compliance Officer	Doctor Choice Home Health
Debbie	Young	CEO	A Care Connection Home Health
Kyle	Wierzba	Healthcare Administrator	Brookdale Atrium
Jane	Gardner	Environmental Services Manager	Fleet Landing
Theresa	Mark	Executive Director	Atria Park of San Pablo
Amanda	Adams	Administrator	Lanier Terrace
Barbara	Matteson	Executive Director	The Palms Assisted Living and Memory Care
Steve	Dean	Director of Maintenance	Opis Riverwood Center

Region 3 Healthcare Coalition Alliance

GOVERNANCE DOCUMENTS – BYLAWS

August 2017

SECTION 1.0 – BYLAWS

1.1 ADDRESS

The mailing address of the **Region 3 Healthcare Coalition Alliance**, hereafter referred to as "the Alliance", is:

Region 3 Healthcare Coalition Alliance
Northeast Florida Regional Council
100 Festival Park Avenue
Jacksonville, Florida 32202

1.2 GEOGRAPHIC AREA

The Alliance is made up of three existing Healthcare Coalitions:

- Northeast Florida Healthcare Coalition (NEFLHCC) serving Baker, Clay, Duval, Flagler, Nassau and St. Johns Counties;
- North Central Florida Health Care Coalition (NCFHCC) serving Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, and Union Counties and
- Coalition for Health and Medical Preparedness (CHAMP) serving Marion County.

1.3 BOARD STRUCTURE

1.3.1 Composition

The Board of the Alliance will be made up of the three members of each Coalition, each with voting privileges. The Chair and Vice Chair of each Coalition are permanent members of the Board of the Alliance. The third member from each Coalition is a Member at Large, who shall be selected by each Coalition.

The Alliance strives to maintain a diverse Board, with representation from all disciplines the Coalition's represent.

The Chair of the Alliance Board is the Department of Health Co-chair of the Regional Domestic Security Task Force (RDSTF) Regional Health and Medical Committee. The Chair is a non-voting member.

1.3.2 Officers of the Board

The officers of the Board, with the exception of the fixed, non-voting Chair, will rotate each year according to the schedule:

2017/2018

1st Vice Chairman – Chair of CHAMP

2nd Vice Chairman – Chair of NEFLHCC Executive Board

Secretary/Treasurer – Chair of NCFLHCC Board of Directors

2018/2019 and Thereafter

Each year the rotation of officers shall be the 1st Vice Chairman becoming Secretary/Treasurer, the 2nd Vice Chair becoming the 1st Vice Chair and the Secretary/Treasurer becoming the 2nd Vice Chair.

1.3.3 Duties of the Officers of the Board ("Leadership")

The officers of the Board shall consist of a Chair, Vice-Chairs and a Secretary/Treasurer.

Chair

The Chair shall be the presiding officer of the Board and may from time to time delegate all or any part of his/her duties to the Vice-Chairs. The Chair shall preside at all meetings of the Board and shall perform all the duties of the office as provided by the Charter or these bylaws. The Chair may call a meeting of the Board at any time.

Vice-Chairs

The Vice-Chairs may execute the same duties as the Chair in the Chair's absence.

Secretary/Treasurer

1. The Secretary/Treasurer shall attend all meetings of the Board: recording all votes and the minutes of all proceedings. These will be disseminated to all members within seven (7) business days of the meeting and remain available for review at any time requested.

2. The duties of this position may be delegated to available Board members within the region and may be the Alliance Coordinator, who is a non-voting member of the Board.

In the absence of any officer of the Board, or for any other reasons that the Board may deem sufficient, the Board may delegate the powers or duties of such officer to any other officer, provided a majority of the members of the Board concur. If an officer resigns or is unable to serve, the Board will elect a replacement.

1.3.4 Terms of Office

Terms of Office start at the beginning of the fiscal year (July 1) and the term is for one year.

1.3.5 Alternates

Each member shall appoint a permanent alternate for the year. The Chair position's permanent alternate is the Co-Chair of the RDSTF Health and Medical Committee.

1.3.6 General Powers

The Board shall administer the affairs of the Alliance in accordance with the contract and guidance as provided by the Florida Department of Health and overall governance of the U.S. Department of Health and Human Services, Assistant Secretary of Preparedness and Response (ASPR) Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Cooperative Agreements.

1.4 MEETINGS

Alliance Board meetings will be held at least three times a year, on a schedule determined by the Board.

1.4.1 Meetings

1. One of the quarterly meetings to be held each year is to allocate funding received for the fiscal year (July 1- June 30). This meeting is to be held within 30 days of receiving the notice of funding from FDOH. If the funding meeting does not have a quorum, the Chair will reschedule the meeting.

2. A quorum is five members of the total voting membership; provided that a member from each Coalition is present.

   The chair and the Coordinator do not count towards a quorum.

   Each Coalition has a single vote.

   An alternate means of attendance (conference call, webinar, face time, etc.) at quarterly meetings is acceptable to meet attendance requirements and counts toward a quorum.

   Should a quorum not be achieved due to lack of attendance, the Chair shall set the next meeting date. Should the same Coalition fail to attend that next scheduled meeting, their attendance is not required and does not impact the quorum.

3. All Board members will be required to respond via email five (5) days prior to any Board meeting to assure a quorum will be present at the designated time/place and prevent unnecessary travel costs and loss of valuable time of the other committee members.

4. The Board will coordinate the schedule of meetings.

5. Board members (or their alternate) will attend at least fifty percent (50%) of quarterly meetings. Any single Coalition cannot miss more than 2 consecutive meetings.

6. The most current Roberts Rules of Order will govern meetings, where not inconsistent with these bylaws.

7. The meeting agenda will be developed and distributed by the Alliance Coordinator or Secretary/Treasurer at least five (5) business days prior to each meeting. Any member (voting or non-voting) may request items be added to meeting agendas. Minutes of all meetings shall be prepared and distributed to the Board Members.

1.5 FUNDING ALLOCATIONS

The Florida Department of Health (FDOH) allocates funding to the 18 counties in Geographic Area 'C'. Based on the funding received to the Geographic Area C each year, the Alliance Board, within 45 days of receiving funding notification from FDOH, will determine the share of funding that each of the three coalitions received.

1.6 ALLIANCE COORDINATOR

The Alliance Coordinator shall be the project manager of the recipient contract with the Florida Department of Health for Geographic Area C.

1.7 AMENDMENTS TO BYLAWS AND GOVERNANCE STRUCTURE

Proposed amendments to the bylaws and/or governance structure must be disseminated to all Board members at least 45 days prior to the face-to-face meeting at which they will be voted on.

Votes to consider the amendment will be made by the Board members at the meeting at least 45 days following the proposal. This ensures that all members have an opportunity to read and comment on proposed changes. At the Board meeting, a motion and second must be made to initiate committee discussion. The Board will determine whether the approved amendment will be implemented immediately, or at a date determined by the Board. If a proposed amendment fails to pass, the Board may make a determination whether the amendment may be revised, resubmitted or no additional action will be taken related to the amendment.

These bylaws will be reviewed annually by the Leadership and the Board to incorporate any changes in federal or state guidance covering Healthcare Coalition activities.

SECTION 2.0 ALLIANCE POLICIES

1.8 Conflict Resolution Policy

It is the policy of the Region 3 Healthcare Coalition Alliance to work cooperatively to address public health preparedness through the implementation of a community-wide strategy that is fair and beneficial to the 18 counties within the Alliance.

Collaboration is vital to the success of the Alliance, its member Coalitions and their goals. This conflict resolution policy is intended to constructively address differences of opinion and aid the Alliance in reaching fair, effective conclusions to conflict situations. It is intended the group use conflict resolution strategies before using the procedures outlined in this section.

A difference of opinion that arises between two or more parties involved with Alliance that halts the progress and/or goodwill within the organization will be subject to the Conflict Resolution Policy outlined below.

1.8.1 Notification

In the case that a conflict arises between two parties, the conflict shall be documented in writing and submitted to the Board within seven (7) business days of the issue arising. The Board will acknowledge and document all such written conflicts within seven (7) business days.

1.8.2 Negotiation/Compromise

Within seven days of a conflict notification, the chair of the Board shall work with the parties to see if the conflict can be resolved through negotiation or compromise. This meeting will not take place during a scheduled or unscheduled meeting of the Board and will be at a neutral location. A volunteer may serve to facilitate the meeting to assist with this process and serve as a neutral party. The meeting should occur between the parties in a quiet, comfortable atmosphere, and all parties involved in the conflict should be present. The facilitator should help ensure that the resolution is realistic and specific and that both parties contribute to the compromise effort. Parties should work to find a solution as a team and not as opponents. Every effort should be made to secure a win-win solution to the conflict without having to progress to the formal mediation stage.

If the parties involved in a dispute, question, or disagreement are unable to reach a mutually satisfactory compromise. They will adhere to the following mediation steps to reach a resolution.

1.8.3 Mediation

If a resolution is not met at the negotiation/compromise level, either party involved in the conflict may choose to pursue the matter to the next level. A "Letter of Disagreement" must be submitted to the Board requesting further action within seven days. The letter should contain the nature of the disagreement and the date of the occurrence. The Board will review the Letter of Disagreement and discuss the next options for resolving the conflict. The Board will work with all involved parties to clearly define goals, making sure that all parties are clear with their requests.

The Division Director of the Department of Health's Bureau of Preparedness and Response (or his/her designee) will act as the mediator or select a mediator. Every option will be taken to achieve cooperation and a mutually agreed-upon solution to the conflict. The mediation should be scheduled within 15 business days of notification and a decision rendered within 15 business days of the mediation. The mediator will issue a decision and it will be binding.

2016 Funding Distribution as agreed to by all three HCCs – March 28, 2016

Population Based Portion

HCC	Population	%	Population Allocation
CHAMP	344,455	14.34%	$41,171
North Central	585,823	24.38%	$70,021
Northeast	1,472,537	61.28%	$176,007
TOTAL	**2,402,815**		**$287,199**

Administration Base Portion

HCC	Total Acute Beds	% of beds	Base Allocation	Base Allocation
CHAMP	2,073	11.46%	17%	$21,250
North Central	4,926	27.22%	33%	$41,250
Northeast	11,095	61.32%	50%	$62,500
TOTAL	**18,094**		**100%**	**$125,000**

TOTALS

HCC	Population Amount	Base Amount	Total
CHAMP	$41,171	$21,250	$62,421
North Central	$70,021	$41,250	$111,271
Northeast	$176,007	$62,500	$238,507
TOTAL	**$287,199**	**$125,000**	**$412,199**

2017-18 Proposed Allocations based on 2016-17 Allocation Method

Total **ESTIMATED** Funding (including $100,000 Fiduciary Fee to NEFRC) – $672,400 **

**This is an estimate based on the RFP submittal. The final allocation will be confirmed when NEFRC receives the contract with FDOH.

HCC	Population – 2016*	% of population
CHAMP	349,020	13.8%
North Central	587,385	23.3%
Northeast	1,586,522	62.9%
TOTAL	**2,522,927**	**100%**

*US Census Bureau Population Estimates

HCC	Total Acute Beds*	% of beds
CHAMP	731	11.9%
North Central	1,617	26.2%
Northeast	3,808	61.9%
TOTAL	**6,156**	

*Florida CHARTS County Profiles - 2015

HCC	% of pop	% of beds	Average percentage	Funding allocation	Adjusted Funding Allocation
CHAMP	13.8%	11.9%	12.85%	$86,403	$86,403
North Central	23.3%	26.2%	24.75%	$166,419	$166,419
Northeast	62.9%	61.9%	62.40%	$419,578**	$319,578
TOTAL				**$672,400**	**$572,400**

**The Northeast Florida HCC Alliance members have proposed that NEFLHCC will cover the $100,000 Fiduciary Fee from their funding.

	Funding Allocation	Fiduciary Fee	Final Funding for NEFLHCC
Northeast HCC	$419,578	$100,000	$319,578

NEFLHCC Project Submission Form 2017-18

Project Title		
Requesting Agency		Are you a member of the NEFLHCC? ___Yes ___No
Point of Contact Include name, organization, address, phone and e-mail address		
Project Category Check or circle appropriate option	___Training/Education ___Supplies/Equipment ___Exercise ___Other (provide details under Project Description)	New Project: ___No ___Yes Sustainment Project: ___No ___Yes
Funding Requested Please attach an itemized budget for total cost - be as detailed as possible		

Project Description & Details

Project Description Provide a detailed description, including specific information on the deliverables and/or end state of the project.	
Identified Gap: Provide documentation of gap – i.e. After Action Report, Risk Assessment for facility, County Vulnerability Assessment (EM or Public Health), Training & Exercise Plan, etc.	
Gap Analysis Details: How will this gap be addressed by this project	

Impact/Benefit: What counties/agencies or facilities will benefit? Is the project scalable for others to benefit? Can you quantify the population at risk that would be impacted by this project?	
2017-2022 Health Care Preparedness & Response Capabilities Which capability does your project address? You may choose more than one if applicable. Descriptions of each capability are attached.	**1. Foundation for Health & Medical Readiness** **2. Health Care & Medical Response Coordination** **3. Continuity of Health Care Service Delivery** **4. Medical Surge**
Project Justification: How does this project address the above capability?	
Additional Information: provide other details as warranted	
Please provide the timeframe to complete the project.	
Letters of Support: Please provide letter(s) of support from County ESF 8 Partners.	

*****For NEFLHCC Administrative Use Only*****

Date Submitted:
Notification to Agency of Receipt:

2017 – 2022 Health Care Preparedness and Response Capabilities

These four capabilities were developed based on guidance provided in the *2012 Healthcare Preparedness Capabilities: National Guidance for Healthcare System Preparedness* document. They support and cascade from guidance documented in the *National Response Framework*, *National Preparedness Goal*, and the *National Health Security Strategy* to build community health resilience and integrate health care organizations, emergency management organizations, and public health agencies.

Capability 1: Foundation for Health Care and Medical Readiness

Goal of Capability 1: The community's[5] health care organizations and other stakeholders—coordinated through a sustainable Health Care Coalition —have strong relationships, identify hazards and risks, and prioritize and address gaps through planning, training, exercising, and managing resources.

Capability 2: Health Care and Medical Response Coordination

Goal of Capability 2: Health care organizations, the Health Care Coalition, their jurisdiction(s), and the ESF-8 lead agency plan and collaborate to share and analyze information, manage and share resources, and coordinate strategies to deliver medical care to all populations during emergencies and planned events.

Capability 3: Continuity of Health Care Service Delivery

Goal of Capability 3: Health care organizations, with support from the Health Care Coalitions and the ESF-8 lead agency, provide uninterrupted, optimal medical care to all populations in the face of damaged or disabled health care infrastructure. Health care workers are well-trained, well-educated, and well-equipped to care for patients during emergencies. Simultaneous response and recovery operations result in a return to normal or, ideally, improved operations.

Capability 4: Medical Surge

Goal of Capability 4: Health care organizations—including hospitals, EMS, and out-of-hospital providers—deliver timely and efficient care to their patients even when the demand for health care services exceeds available supply. The Health Care Coalition (HCC), in collaboration with the ESF-8 lead agency, coordinates information and available resources for its members to maintain conventional surge response. When an emergency overwhelms the HCC's collective resources, the HCC supports the health care delivery system's transition to contingency and crisis surge response and promotes a timely return to conventional standards of care as soon as possible.